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000201 7590 03/11/2004

UNILEVER
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 45 RIVER ROAD
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Sally Aldahondo	(Depositor's name)
<i>Sally Aldahondo</i>	(Signature)
June 3, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/940,778	08/28/2001	Feng-Lung Gordon Hsu	C6608(V)	6751

TITLE OF INVENTION: CAPSULES FOR INCORPORATION INTO DETERGENT OR PERSONAL CARE COMPOSITIONS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	06/11/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
BOYER, CHARLES I	1751	510-421000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Rimma Mitelman

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Unilever Home & Personal Care USA
 Division of Conopco, Inc.

33 Benedict Place
 Greenwich, Conn. 06830

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee
- ☒ Advance Order - # of Copies 10

4b. Payment of Fee(s):

- ☐ A check in the amount of the fee(s) is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 12-1155 (enclose an extra copy of this form).

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(Authorized Signature)

(Date)

Rimma Mitelman

6/3/04

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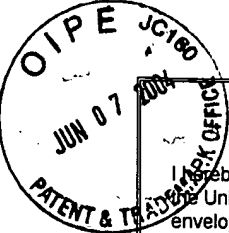
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

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06/09/2004 EFL0RES1 00000034 121155 09940778

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PATENT

On June 3, 2004

Rimma Mitelman

Rimma Mitelman
Reg. No.: 34,396
Attorney for Applicant(s)

06/03/04
Date of
Signature

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Customer No.: 000201
Attorney Docket No.: C6608(V)
Applicant: Hsu et al.
Serial No.: 09/940,778
Confirmation No.: 6751
Filed: August 28, 2001
For: Capsules For Incorporation Into Detergent Or Personal Care Compositions
UNUS No.: 01-D437-EDG-T

Group: 1751
Examiner: C. Boyer
Edgewater, New Jersey 07020
June 3, 2004

ISSUE FEE TRANSMITTAL

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313

Sir:

With regard to the above-identified patent application, Applicants(s) are enclosing herewith "Issue Fee" Transmittal Forms PTOL-85. Ten (10) soft copies of the printed patent are hereby requested.

Please deduct the \$1,330.00 Issue Fee Payment, \$300.00 Publication Fee and \$45.00 for 10 soft copies of the printed patent from Deposit Account No. 12-1155. Any deficiency or overpayment should be charged or credited to this Deposit Account. This authorization is submitted in triplicate.

Respectfully submitted,

Rimma Mitelman
Rimma Mitelman
Registration No. 34,396
Attorney for Applicant(s)